

Workbook for Rayon Centers of Public Health: Monitoring of Immunization Activities and Use of Vaccines at Rayon Level in Georgia

Third Edition, September 2002

Prepared by:

Ministry of Labor, Health and
Social Affairs of Georgia

National Center for Disease
Control

*With technical support provided
by:*

Partners for Health Reform*plus*
Curatio International Foundation



Ministry of Labor, Health
and Social Affairs
National Center for Disease
Control and Medical Statistics



Curatio
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Abstract

This workbook, which accompanies training manuals for monitoring of immunization work in Georgia, is a tool designed primarily for personnel of rayon-level centers of public health and polyclinics to help them monitor and evaluate immunization work, use of vaccine and adequacy of cold chain on their services territories. It helps these workers to establish the link between MIS data and response, as well as to document the data analysis and utilization for management purposes.

The current version of the workbook has gone through numerous revisions and suggestions from the pilot region. It is now recommended for use nationwide.

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Acronyms

BCG	Bacillus, Calmette and Guerin Vaccine
CHP	Children's Polyclinic
CPH	Center for Public Health
CIF	Curatio International Foundation
CMSI	Center for Medical Statistics and Information
DoB	Date of Birth
DT	Diphtheria and Tetanus Toxoid combination
DPT	Diphtheria, Pertussis and Tetanus vaccine
FAP	Feldsher & Midwife Station
MIS	Management Information System
MMR	Measles, Mumps and Rubella vaccine
MoLHSA	Ministry of Labor, Health and Social Affairs
NCDC	National Center for Disease Control
PATH	Program for Appropriate Technology in Health
PAU	Polyclinic Ambulatory Unit
PHR_{plus}	Partners for Health Reform _{plus} Project
TB	Tuberculosis
Td	Tetanus and Diphtheria Toxoid
USAID	United States Agency for International Development
VDA	Village District Ambulatory

Contributors

This workbook has been prepared by the Ministry of Labor, Health and Social Affairs (MoLHSA) expanded working group headed by P. Imnadze, Director of the National Center for Disease Control (NCDC), with technical assistance received from USAID/PHR^{plus} and Curatio International Foundation.

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1. Introduction

This workbook is a job aide accompanying the third edition of two training manuals for monitoring of immunization work at the facility and rayon levels in Georgia.¹ It consists of self-explanatory worksheets, tables, and graphs to assist rayon-level health workers at centers of public health (CPHs) and large polyclinics to better record, process, analyze, and utilize MIS data. It provides a detailed template in which critical data on population, vaccinations, contraindications, refusals, vaccine flow, use and balances, and cold chain equipment are recorded in a standardized format, typically on a monthly or quarterly basis. The workbook contains multiple copies of several forms, with the intention that there be a form for each of the antigens or months of the year. It is recommended that the worksheets, tables, and graphs within the job aide be completed for all critical immunization data in rayon.

¹ Ministry of Labor, Health and Social Affairs of Georgia and National Center for Disease Control. February 2003. *Reporting and Recording Documentation for Monitoring Immunization Work in Georgia – Level 1: Providers for Immunization Services*. Bethesda, MD: Partners for Health Reformplus Project, Abt Associates Inc.

Ministry of Labor, Health and Social Affairs of Georgia and National Center for Disease Control. February 2003. *Reporting and Recording Documentation for Monitoring of Work on Immunization – Level 2: Rayon Centers of Public Health and Polyclinics*. Bethesda, MD: Partners for Health Reformplus Project, Abt Associates Inc.

2. Worksheets and Tables

Worksheet 2.2: Population by Age Summary Report

in _____ rayon, town (facility) _____ (date)

Age groups	Year of birth	Population of the service area (FAP, VDA, uchastok, CHP, PAU):											Total rural	Total urban	TOTAL
under 1*															
1*															
2*															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
Total 0-14y 11mo 29d															
15															
16															
17															
18															
19															
Total 15-19y 11mo 29d															
20-29															
30-39															
40-49															
50-59															
60+															
Total 20+															
TOTAL on the territory															

* Compiled once a year (in Oct) on the basis of Population by Age reports submitted by subordinate FAPs, ambulatories, polyclinics.

* Age group "under 1" includes children born during the first eight (I-VIII) months of the current year plus children born in the last four months (IX-XII) of the previous year; "1 year" - children born in the previous calendar year (i.e. in 2002); "2 years" - children born in the year before the previous year (i.e. in 2001) and so on.

Worksheet 2.3: Prospective Plan for Immunizations for the Next Year

for _____ rayon, town (facility) _____ (date)

№	Type of immunization	Target (number of children) by health care facility (FAP, VDA, uchastok, CHP, PAU)																						
																								TOTAL
1	BCG under 1 y*																							
	BCG 12-24 m																							
2	Hepatitis B-1 under 1 y*																							
	Hepatitis B-3 under 1 y																							
	Hepatitis 12-24 m																							
3	Polio, Pertussis, Diphtheria, Tetanus Under 1y																							
	Polio 1-15 y																							
	DTP 1-4 y																							
	DT 1-6 y																							
	Td Over 6 y																							
4	Measles, Mumps, Rubella 1 y																							
	Measles 2-15 y																							
	Mumps 2-15 y																							
	BOOSTERS																							
1	DTP-4 18-24 m																							
2	DT over 18 m																							
3	Polio-4 18-24 m																							
4	DT (5y-5y 11m 29d)																							
5	Polio (5y-5y 11m 29d)																							
6	Measles, Mumps, Rubella (5y-5y 11m 29d)																							
7	BCG (5y-5y 11m 29d)																							
8	Td (14 y)																							

Completed once a year in Oct.-Nov. on the basis of Prospective Plans for Immunizations from the service area.

*Total in the rayon summary form is based on the average number of births during the preceding 12 months (Sept.-Aug.). It is the sum of home births and non-immunized children (submitted by subordinate units of the service area) and births at maternity house(s).

Worksheet 2.3: Prospective Plan for Immunizations for the Next Year

for _____ rayon, town (facility) _____ (date)

№	Type of immunization	Target (number of children) by health care facility (FAP, VDA, uchastok, CHP, PAU)																					
	VACCINATION																						TOTAL
1	BCG under 1 y*																						
	BCG 12-24 m																						
2	Hepatitis B-1 under 1 y*																						
	Hepatitis B-3 under 1 y																						
	Hepatitis 12-24 m																						
3	Polio, Pertussis, Diphtheria, Tetanus Under 1y																						
	Polio 1-15 y																						
	DTP 1-4 y																						
	DT 1-6 y																						
	Td Over 6 y																						
4	Measles, Mumps, Rubella 1 y																						
	Measles 2-15 y																						
	Mumps 2-15 y																						
	BOOSTERS																						
1	DTP-4 18-24 m																						
2	DT over 18 m																						
3	Polio-4 18-24 m																						
4	DT (5y-5y 11m 29d)																						
5	Polio (5y-5y 11m 29d)																						
6	Measles, Mumps, Rubella (5y-5y 11m 29d)																						
7	BCG (5y-5y 11m 29d)																						
8	Td (14 y)																						

Completed once a year in Oct.-Nov. on the basis of Prospective Plans for Immunizations from the service area.

*Total in the rayon summary form is based on the average number of births during the preceding 12 months (Sept.-Aug.). It is the sum of home births and non-immunized children (submitted by subordinate units of the service area) and births at maternity house(s).

Immunization Coverage (%) of Children Under 1 Year with DPT-3

Rayon/town (facility) _____ Year _____

4 th quarter	100%																			
	75%																			
	50%																			
	25%																			
1 st quarter	0%																			
Coverage, %																				
4 th quarter																				
3 rd quarter																				
2 nd quarter																				
1 st quarter																				
Health facility (name)																				TOTAL

Cumulative quarterly coverage (%) is used for building the diagram (see appropriate worksheet).

Immunization Coverage (%) of Children Under 1 Year with DPT-3

Rayon/town (facility) _____ Year _____

4 th quarter	100%																			
	75%																			
	50%																			
	25%																			
1 st quarter	0%																			
Coverage, %																				
4 th quarter																				
3 rd quarter																				
2 nd quarter																				
1 st quarter																				
Health facility (name)																				TOTAL

Cumulative quarterly coverage (%) is used for building the diagram (see appropriate worksheet).

_____ **Immunization Coverage (%) of Children Aged** _____

Rayon/town (facility) _____ Year _____

4 th quarter	100%																			
	75%																			
	50%																			
	25%																			
1 st quarter	0%																			
Coverage, %																				
4 th quarter																				
3 rd quarter																				
2 nd quarter																				
1 st quarter																				
Health facility (name)																				TOTAL

Cumulative quarterly coverage (%) is used for building the diagram (see appropriate worksheet).

_____ **Immunization Coverage (%) of Children Aged** _____

Rayon/town (facility) _____ Year _____

4 th quarter	100%																			
	75%																			
	50%																			
	25%																			
1 st quarter	0%																			
Coverage, %																				
4 th quarter																				
3 rd quarter																				
2 nd quarter																				
1 st quarter																				
Health facility (name)																				TOTAL

Cumulative quarterly coverage (%) is used for building the diagram (see appropriate worksheet).

_____ **Immunization Coverage (%) of Children Aged** _____

Rayon/town (facility) _____ Year _____

4 th quarter	100%																			
	75%																			
	50%																			
	25%																			
1 st quarter	0%																			
Coverage, %																				
4 th quarter																				
3 rd quarter																				
2 nd quarter																				
1 st quarter																				
Health facility (name)																				TOTAL

Cumulative quarterly coverage (%) is used for building the diagram (see appropriate worksheet).

_____ **Immunization Coverage (%) of Children Aged** _____

Rayon/town (facility) _____ Year _____

4 th quarter	100%																			
	75%																			
	50%																			
	25%																			
1 st quarter	0%																			
Coverage, %																				
4 th quarter																				
3 rd quarter																				
2 nd quarter																				
1 st quarter																				
Health facility (name)																				TOTAL

Cumulative quarterly coverage (%) is used for building the diagram (see appropriate worksheet).

_____ **Immunization Coverage (%) of Children Aged** _____

Rayon/town (facility) _____ Year _____

4 th quarter	100%																			
	75%																			
	50%																			
	25%																			
1 st quarter	0%																			
Coverage, %																				
4 th quarter																				
3 rd quarter																				
2 nd quarter																				
1 st quarter																				
Health facility (name)																				TOTAL

Cumulative quarterly coverage (%) is used for building the diagram (see appropriate worksheet).

Monitoring of Timeliness of DPT-3 Coverage of Children in _____

for _____ rayon/town (facility)

	90%												
	80%												
	70%												
	60%												
	50%												
	40%												
	30%												
	20%												
	10%												
	0%												
Last year						Current year							
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	
Number of children born in the specified month													
Current year →		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Of these, the number of children who finished primary immunization set at the age of 4mo 29d													
Coverage with DPT-3 at 4mo 29d, %													

* This worksheet is kept at the level of rayon CPH for monitoring of the work and is filled in at the end of every month of the current year.
It can be done either for the whole rayon/town, or separate worksheets can be done for separate groups of health facilities (VDA, etc.; see appropriate worksheet).

Refusals and Contraindications to DPT (%) by Month in _____ (year) Monitoring Sheet

in _____ (health district, health facility)

	35%												
	30%												
	25%												
	20%												
	15%												
	10%												
	5%												
	0%												
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Number of DTP 1-3 vaccinations given to children under 1 year this month <u>see Report on Immunization Practice</u>	1												
Total number of current contraindications to DTP 1-3 in children under 1year (<i>temporary, over 1 month and permanent</i>)	2												
Number of current contraindications to DTP 1-3 in children under 1year (<i>over1 month and permanent</i>)	3												
Total number of refusals to DPT1-3 in children under 1 year	4												
Total number of children that may (should) have received DTP 1-3 this month.	5=1+2+4												
% children under 1y with contraindications to DTP	6=2:5												
% children under 1y with <i>long-term</i> and <i>permanent</i> contraindications to DTP	7=3:5												
% of refusals in children under 1y to DPT	8=4:5												

* This record is kept at the level of village ambulatories and polyclinics for monitoring of the work.

Evaluation of the Work of Immunization Facilities

[illegible]

Evaluation of the Work of Immunization Facilities

[illegible]

Worksheet 2.4: Cold Chain Equipment Inventory Book

(at all immunization points of _____ rayon/town (health facility) as of _____)

[illegible]

* among them refrigerators with freezers

** inner volume of the equipment is considered

[illegible]

* among them refrigerators with freezers

** inner volume of the equipment is considered

Worksheet on BCG Immunizations Given in _____(year)

in _____ rayon/town (facility)

[illegible]

Worksheet on Hepatitis B-1 Immunizations Given in _____(year)

in _____ rayon/town (facility)

[illegible]

Worksheet on DPT, Polio, and Hepatitis B-1 Immunizations Given to Children Under 1 Year

in _____ (year) in _____ rayon/town (facility)

[illegible]

Worksheet on DPT, Polio, and Hepatitis B-2 Immunizations Given to Children Under 1 Year

in _____ (year) in _____ rayon/town (facility)

[illegible]

Worksheet on _____ Immunization Coverage of Children under 1 Year with DPT-3 in _____
in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ rayon/town (health facility)

[illegible]

in _____ (year) in _____ rayon/town (facility)

in _____ (year) in _____ rayon/town (facility)

[illegible]

Worksheet on DT-1-2 Immunizations Given to Children Under 1

in _____ (year) in _____ rayon/town (facility)

[illegible]

Worksheet on Hepatitis B 1-3 Immunizations Given to People of Other Age Groups

in _____ (year) in _____ rayon/town (facility)

[illegible]

Worksheet on _____ Immunizations Given in _____ (year)

in _____ rayon/town (facility)

[illegible]

Worksheet to Determine the Proportion of Children Who Receive Polio-4 behind Schedule (over 2 years of age)

in _____ rayon/town (health facility)

[illegible]

Worksheet to Determine the Proportion of Children Who Receive DPT-4 behind Schedule (over 2 years of age)

in _____ rayon/town (health facility)

[illegible]

Worksheet to Determine the Proportion of Children Who Receive their _____ behind Schedule (over 6 years of age)

in _____ rayon/town (health facility)

[illegible]

Worksheet to Determine the Proportion of Children Who Receive their _____ behind Schedule (over 6 years of age)

in _____ rayon/town (health facility)

[illegible]

Worksheet to Determine the Proportion of Children Who Receive their _____ behind Schedule (over 6 years of age)

in _____ rayon/town (health facility)

[illegible]

Worksheet on Vaccine Usage and Flow in Health Facilities

of _____ (rayon/town) in _____ (month) _____ (year)

[illegible]

Worksheet on Vaccine Usage and Flow in Health Facilities

of _____ (rayon/town) in _____ (month) _____ (year)

[illegible]

Worksheet on Vaccine Usage and Flow in Health Facilities

of _____ (rayon/town) in _____ (month) _____ (year)

[illegible]

Worksheet on Vaccine Usage and Flow in Health Facilities

of _____ (rayon/town) in _____ (month) _____ (year)

[illegible]

Worksheet on Vaccine Usage and Flow in Health Facilities

of _____ (rayon/town) in _____ (month) _____ (year)

[illegible]

Worksheet on Vaccine Usage and Flow in Health Facilities

of _____ (rayon/town) in _____ (month) _____ (year)

[illegible]

Worksheet on Vaccine Usage and Flow in Health Facilities

of _____ (rayon/town) in _____ (month) _____ (year)

[illegible]

Worksheet on Vaccine Usage and Flow in Health Facilities

of _____ (rayon/town) in _____ (month) _____ (year)

[illegible]

Worksheet on Vaccine Usage and Flow in Health Facilities

of _____ (rayon/town) in _____ (month) _____ (year)

[illegible]

Worksheet on Vaccine Usage and Flow in Health Facilities

of _____ (rayon/town) in _____ (month) _____ (year)

[illegible]

Worksheet on Vaccine Usage and Flow in Health Facilities

of _____ (rayon/town) in _____ (month) _____ (year)

[illegible]

Worksheet on Vaccine Usage and Flow in Health Facilities

of _____ (rayon/town) in _____ (month) _____ (year)

[illegible]

[S-4] Monitoring Sheet: Temporary Contraindications to DPT 1-3 in Children Under 1, by Month

in _____ rayon/town (facility)

in _____(year)

[illegible]

[S-4] Monitoring Sheet: Long-Term Contraindications to DPT 1-3 in Children Under 1, by Month

in _____ rayon/town (facility)

in _____(year)

[illegible]

[S-4] Monitoring Sheet: Permanent Contraindications to DPT 1-3 in Children Under 1, by Month

in _____ rayon/town (facility)

in _____(year)

[illegible]

[S-4] Monitoring Sheet: Refusals to DPT 1-3 in Children Under 1, by Month

in _____ rayon/town (facility)

in _____(year)

[illegible]

Worksheet on Calculation of Vaccine Needs and Secured Vaccine Supplies

for _____ rayon (town) in _____ (year)

		Target for vaccination (persons)	Target for boosters (persons)	Planned number of injections	Wastage Coefficient	Reserve Coefficient	Annual need in vaccines (doses) and syringes	Balance on 31.12	Actual Need (doses)	Received from Regional CPH in the 1st quarter			Sum 1Q + Balance31.12	Cum%	Received from Regional CPH in the 2nd quarter			Sum 1+2	Cum%	Received from Regional CPH in the 3rd quarter			Sum 1+2+3	Cum%	Received from Regional CPH in the 4th quarter			Sum 1+2+3+4	Cum%	REMARKS
		A	B	C	D	E	F = C x D x E	G	H=F-G	Jan	Feb	Mar	I	J=I:F	Apr	May	Jun	K	L=K:F	Jul	Aug	Sep	M	N=M:F	Oct	Nov	Dec	O	P=O:F	
1	BCG	500	500	1000 a+b	3	1.25																								
2	Polio	500	1000	2500 3a +b	1.3	1.25																								
3	DPT	500	500	2000 3a +b	1.3	1.25																								
4	DT			 3a +b	1.6	1.25																								
5	Td			 b	1.6	1.25																								
6	Measles			 a+b	2	1.25																								
7	Mumps			 a	2	1.25																								
8	Rubella			 a	2	1.25																								
9	Hepatitis B			 3a	1.3	1.25																								
10	Other																													
11	Syringe 0.5			 c3+c4+c5+c6+c7+c8+c9	1.05	1.25																								
12	BCG Syringe 0.05/0.1			 c1	1.05	1.25																								
13	Dilutant Syringe (2.0)			 F1:20	1.05	1.25																								
14	Dilutant Syringe (5.0)			 (F6+F7):10	1.05	1.25																								
15	Safety boxes			 (f11+f12+ f13+f14) : 100																										

Annual amount for each type of vaccine (doses) and syringe is calculated using specific formula considering wastage and reserve.

Worksheet on Calculation of Vaccine Needs and Secured Vaccine Supplies

for _____ rayon (town) in _____ (year)

		Target for vaccination (persons)	Target for boosters (persons)	Planned number of injections	Wastage Coefficient	Reserve Coefficient	Annual need in vaccines (doses) and syringes	Balance on 31.12	Actual Need (doses)	Received from Regional CPH in the 1st quarter			Sum 1Q + Balance31.12	Cum%	Received from Regional CPH in the 2nd quarter			Sum 1+2	Cum%	Received from Regional CPH in the 3rd quarter			Sum 1+2+3	Cum%	Received from Regional CPH in the 4th quarter			Sum 1+2+3+4	Cum%	REMARKS
		A	B	C	D	E	F = C x D x E	G	H=F-G	Jan	Feb	Mar	I	J=I:F	Apr	May	Jun	K	L=K:F	Jul	Aug	Sep	M	N=M:F	Oct	Nov	Dec	O	P=O:F	
1	BCG	500	500	1000 a+b	3	1.25																								
2	Polio	500	1000	2500 3a +b	1.3	1.25																								
3	DPT	500	500	2000 3a +b	1.3	1.25																								
4	DT			 3a +b	1.6	1.25																								
5	Td			 b	1.6	1.25																								
6	Measles			 a+b	2	1.25																								
7	Mumps			 a	2	1.25																								
8	Rubella			 a	2	1.25																								
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14	Dilutant Syringe (5.0)			 (F6+F7):10	1.05	1.25																								
15	Safety boxes			 (f11+f12+ f13+f14) : 100																										

Annual amount for each type of vaccine (doses) and syringe is calculated using specific formula considering wastage and reserve.

Worksheet for Comparing Available Balances of Vaccines with the Safety Minimum

in _____ rayon (town) in _____ (year)

[illegible]